



Business (413) 267-3132
Fax (413) 267-4124

Monson Fire Department

200 Main Street P.O. Box 335
Monson, MA 01057

Laurent R. McDonald, Chief
Jonathan Miller, Assistant Chief
Assistant Chief Marshall Harris
Brian Harris, Deputy Chief



Established 1887

Dear Monson Resident:

Thank you for your interest in the Monson Fire and Emergency Services' Ambulance Subscription Program.

A subscription in the program applies to all members of a household living at the same address. As a subscriber, your insurance company will be billed for services rendered. If your insurance does not cover the entire invoice, you will not be billed for any unpaid balance including co-payment requirements.

Your subscription will cover all emergency medical transportation and only non-emergency transportation that is approved by your physician and documented on a medical necessity form.

A \$75.00 subscription is a good investment for you and the members of your household if you ever need to use the ambulance service.

If you wish to become a subscriber, please complete the attached Ambulance Subscription Form and return it with your check or money order in the amount of \$75.00, made payable to the "Monson Fire Department Ambulance Subscription Service". Your cancelled check or money order stub will serve as your receipt.

If you have any questions concerning the Subscription Program, please feel free to call me or a member of my staff. We will be happy to answer any of your questions or further explain the program.

Sincerely,

Laurent R. McDonald, Chief
Monson Fire and Emergency Services

Monson Fire Department

200 Main Street P.O. Box 335

Monson, MA 01057

MONSON AMBULANCE SUBSCRIPTION INFORMATION SHEET

(Please print)

Address: _____ Tel. # _____

Head of
Household: _____ DOB: _____
(last name) (first name) (MI)

Additional
Names: _____ DOB _____
_____ DOB _____
_____ DOB _____
_____ DOB _____

ANY SPECIAL MEDICAL HISTORY ON MEMBER(S) IN THIS HOUSEHOLD:

ARE YOU COVERED UNDER AN INSURANCE PLAN: YES NO
IF YES

Name of Insurance Company: _____

Address: _____

ID#/Policy #: _____

Members of Household Covered Under this
plan: _____

Name of Insurance Company: _____

Address: _____

ID#/Policy #: _____

Members of Household Covered Under this
plan: _____

ALL INFORMATION IS CONFIDENTIAL